

834 Enrollment 2300 Segments for Eligibility Coverage Data

1/8/2013

Common fields used in all segments:

HD01 = "001" (change) unless the segment is closed then "024" (termination)
HD05 = "IND"
DTP02 = "D8"
DTP01 = "348"; DTP03 = coverage begin date
DTP01 = "349"; DTP03 = coverage end date (NOTE: This segment is only used if an end date is present.)

Medicare Coverage: (all MCCs)

HD03 = "AJ" for Medicare risk
HD04 = "Medicare Part A" | Buy-In Amount | Buy-in Payer and/or
HD04 = "Medicare Part B" | Buy-In Amount | Buy-in Payer
DTP01 = "303"; DTP02 = "D8"; DTP03 = Buy-in Date

NOTE: HD04 will have Medicare Part A (or Part B) only if it is present. The Buy-In amount, payer and date are normally the same for both Part and Part B. For consistency, one DTP01= "303" will be provided for each part.

Medical Coverage: (MCO, PBM, & DBM)

HD03 = "HLT" for health
HD04 = all fields outlined in the HD04 definition below will be populated

Mental Health Coverage: (BHO and combination MCOs only)

HD03 = "AK" for mental health
HD04 = all fields outlined in the HD04 definition below will be populated
DTP01 = "303"; DTP02 = "D8"; DTP03 = last assessment date

HD04 definition for Medical and Mental Health segments:

NOTE: HD04 is a whole (non-composite) element containing a free-style character string. For "HLT" (MCO, PBM, DBM) and "AK" (BHO) at TennCare, it is understood as a 14-field string delimited by the "|" character. The 14 fields, all fixed lengths, are:

1. MCO ID (3 bytes)
2. BHO ID (3 bytes)
3. State Program Code (2 bytes) for HD03 = "HLT" this is the MCO program code and for HD03 = "AK" it is the BHO program code. The valid values for the State Program Code for HD03 = "HLT" are:
 - a. 17 - TennCare Medicaid/Medicare Dual
 - b. 27 - TennCare Standard Disabled -Uninsurable
 - c. 37 - TennCare Standard Disabled - Uninsured
 - d. 47 - TennCare Medicaid - Disabled
 - e. 67 - TennCare Medicaid
 - f. 77 - TennCare Standard Disabled/ Uninsurable with Medicare
 - g. 87 - TennCare Standard Uninsured
 - h. 97 - TennCare Standard Uninsurable
4. State Program Code (2 bytes) for HD03 = "AK" 834 only this is the MCO code. This field is blank when HD03 = "HLT". The valid values for the State Program Code for HD03 = "AK" are:
 - a. 00 - No assessment value
 - b. 13 - Assessment value of 1, 2, 3 or 7
 - c. 23 - Assessment value of 4, 5, 6, 8 or 9
 - d. 33 - State Only eligibility with assessment value of 1, 2, 3 or 7
 - e. 63 - Judicial eligibility with or without an assessment value
5. Region Code (2 bytes)
6. Case number (9 bytes) (head-of-household SSN)

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7. Pregnancy Indicator (1 byte) (value of “Y” if pregnant; otherwise “N”)
8. Deductible Indicator (1 byte) (default to “N”)
9. Copay Indicator (2 bytes) (valid values 00, 01, 02, 04, 06, 08, 10)
10. Benefit Indicator (1 byte) (On or after 8/1/2005 the values are A to M, prior to 8/1/2005 the values were 1 and 2. J and K values were added for CHOICES Groups 1 and 2; L and M were added for CHOICES Group 3)
11. Eligibility sequence number (2 bytes)
12. Assessment Code (1 byte) (Default value is a space. This field is only populated when HD03 = “AK” to pass the current CRG/TPG codes – valid values on the 834 are 0 through 9.)
13. DCS Custody Indicator (1 byte) (value of “Y” if in DCS custody; otherwise “N”)
14. Prior MCO (3 bytes) (Default value is spaces).

LTC (CHOICES) Coverage: (all MCCs)

HD03 = “LTC” for Long Term Care (CHOICES) is only populated for benefit plans J and K along with some children in plans A or H.

HD04 = all fields outlined in the HD04 definition below will be populated.

DTP01 = “303”; DTP02 = “D8”; DTP03 = CHOICES admit Date.

DTP01 = “348”; DTP02 = “D8”; DTP03 = CHOICES start Date for this segment.

DTP01 = “349”; DTP02 = “D8”; DTP03 = CHOICES end Date for this segment, if not open-ended.

HD04 definition for LTC CHOICES segments:

NOTE: HD04 is a whole (non-composite) element containing a free-style character string. For “LTC CHOICES” at TennCare, it is understood as a 3-field string delimited by the “|” character. The 3 fields, all fixed lengths, are:

1. CHOICES program level indicator (2 bytes) - The valid values are:
 - Group 1 – Nursing Home recipients
 - a. 1A - Nursing Facility (NF) Care
 - b. 1B - Skilled Nursing Facility (SNF) Care
 - Group 2 – HCBS Recipients
 - c. 2A - HCBS Group under Target
 - d. 2B - NF Members Transitioning from the NF to Community
 - e. 2C - Limited Long-Term Care CHOICES Presumptive Eligibles
 - f. 2D - Cost-effective alternatives
 - Group 3 – Choice Recipients
 - d. 3A- CHOICES At Risk
2. CHOICES LOC value (2 bytes). Valid values are 10, 11, or 12
3. CHOICES Tracking Indicator (1 byte)
 - a. G (Grandfathered)
 - b. R (Regular)
 - c. I (Interim).

LTC (MFP) Coverage: (all MCCs)

HD03 = “LTC” for Long Term Care Money Follows the Person (MFP) members that are in CHOICES program level indicator categories 2A, 2B, 2C or 2D only. As of October 1, 2011, MFP information is added to this segment for qualified CHOICES Group 2 - HCBS recipients.

HD04 = all fields outlined in the HD04 definition below will be populated.

DTP01 = “348”; DTP02 = “D8”; DTP03 = MFP start Date for this segment.

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DTP01 = “349”; DTP02 = “D8”; DTP03 = MFP end Date for this segment.

HD04 definition for LTC MFP segments:

NOTE: HD04 is a whole (non-composite) element containing a free-style character string. For “LTC MFP” at TennCare, it is understood as a 3-field string delimited by the “|” character. The 3 fields, all fixed lengths, are:

1. “MFP” (3 bytes).
2. MFP category (2 bytes) – Valid values are 2M or 2S.
3. MFP occurrence number (2 bytes) – This is the MFP 365 day occurrence number. Valid values are numbers 01 through 99.

LTC (ID) Coverage: (all MCCs except MCO 011)

HD03 = “LTC” for Long Term Care. Insurance Line Code.

HD04 = all fields outlined in the HD04 definition below will be populated.

DTP01 = “348”; DTP02 = “D8”; ID Benefit Plan start date for this segment.

DTP01 = “349”; DTP02 = “D8”; ID Benefit Plan end date for this segment, if not open ended.

HD04 definition for LTC ID segments:

NOTE: HD04 is a whole (non-composite) element containing a free-style character string. For “LTC ID” at TennCare, it is understood as a 2-field string delimited by the “|” character. The 2 fields, all fixed lengths, are:

1. “ID” (2 bytes) which indicates an Intellectually Disabled recipient.
2. ID Benefit Plan Indicator (5 bytes) – Valid values : ARLIN = Arlington, MR = Statewide, ICFMR = ICFMR, SDW = Self Determination.

LTC (PAE) Coverage: (all MCCs)

HD03 = “LTC” for Long Term Care. This segment will continue to be provided for non-CHOICES enrollees just like the current LTC segment information.

HD04 = “PAE” (3 bytes).

DTP01 = “303”; DTP02 = “D8”; DTP03 = Nursing Home (Program) Admit Date.

DTP01 = “348”; DTP02 = “D8”; DTP03 = PAE start Date for this segment.

DTP01 = “349”; DTP02 = “D8”; DTP03 = PAE end Date for this segment.

Patient Liability Amount: (Combination MCOs Only)

HD03 = “UR” for utilization review (CHOICES) is only populated for CHOICES benefit plans.

HD04 = “Patient Liability” | Patient Liability Amount (9 bytes) – format
XXXXXX.XX

DTP01 = “348”; DTP02 = “D8”; DTP03 = Patient Liability start Date.

DTP01 = “349”; DTP02 = “D8”; DTP03 = Patient Liability end Date.

Individual Cost Neutrality Amount: (Combination MCOs Only)

HD03 = “UR” for utilization review (CHOICES) is only populated for CHOICES benefit plans.

HD04 = “Cost Neutrality” | Cost Neutrality Amount (9 bytes) – format
XXXXXX.XX

DTP01 = “348”; DTP02 = “D8”; DTP03 = Cost Neutrality start Date.

DTP01 = “349”; DTP02 = “D8”; DTP03 = Cost Neutrality end Date.

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LTD (MR Waiver)Coverage: (MCO011 only)

NOTE: LTD related segments are only included on 834 records for MR Waiver recipients.

HD03 = "LTD" for Long Term Disability waiver programs.

HD04 = all fields outlined in the HD04 definition below will be populated.

DTP01 = "348"; DTP02 = "D8"; DTP03 = MR waiver start Date for this segment.

DTP01 = "349"; DTP02 = "D8"; DTP03 = MR waiver end Date for this segment.

HD04 definition for LTD MR Waiver segments:

NOTE: HD04 is a whole (non-composite) element containing a free-style character string.

For "LTD" at TennCare, it is understood as a 5-field string delimited by the "|" character.

The 5 fields, all fixed lengths, are:

1. "MR" to indicate MR waiver membership.
2. Arlington class indicator (1 byte) - valid values (Y = Yes or N = No).
3. Waiver membership indicator (5 bytes) – valid values (ARLIN = Arlington, MR = Statewide, ICFMR = ICF-MR, SDW = Self-determination, OTHER = Other.
4. Opt-in (date in CCYYMMDD format) (8 bytes).
5. Opt-out (date in CCYYMMDD format) (8 bytes).

The addition of new coverage segments will result in more recipients reaching the 834 limit of 99 HD segments. Instructions for not reporting spans/segments/loops in excess of the 99 loop maximum follow.

1. Keep a minimum of 4 historic spans and 1 future dated span, if available, for each category of utilized HD03 equal AJ, LTC (CHOICES, MFP, PAE), LTD and UR qualified segments.
2. Maintain as many HD03 equal AK or HLT segments as possible after the above limits are applied. With a maximum usage of item 1 loops this will still leave 65 medical/mental health spans.
3. Dead record term (DRT) medical/mental health spans for spans more than 18 months in the past should be the first spans dropped followed by the oldest spans to newer spans.

NOTE: At some point, post 5010 implementation TennCare will start using the Member Supplemental Identifier in 2000 REF with REF01 = 6O and REF02 = to the member record index. The member record index will start at 1 for each member and increment by 1 for every 99 enrollment segments reported in 2300 HD. The corresponding 271U record will be duplicated for each additional 834 record that is added to keep the record counts in sync. e.g. A member with 111 enrollment segments will have two 834 records the first one will contain 99 HD segments and have 2000 REF02 = 1 where REF01 = 6O and the second 834 record will contain 12 HD segments and have 2000 REF02 = 2 where REF01 = 6O.